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APPLICATION NUMBER FILING OR 371 (e) DATE FIRST NAMED APPLICANT ATTORNEY DOCKET NUMBER

10/621,013

07/17/2003

Michael Francis Niemi

MICHAEL NIEMI 6499 S. Daffodil Way West Jordan, UT 84084 CONFIRMATION NO. 9115
FORMALITIES LETTER
OC000000011120887

Date Mailed: 10/28/2003

NOTICE TO FILE CORRECTED APPLICATION PAPERS

Filing Date Granted

An application number and filing date have been accorded to this application. The application is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given TWO MONTHS from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

The required item(s) identified below must be timely submitted to avoid abandonment:

- A substitute specification in compliance with 37 CFR 1.52, 1.121(b)(3), and 1.125, is required. The specification, claims, or abstract page(s) submitted is not acceptable and cannot be scanned or properly stored because:
 - The specification contains drawings or flow diagrams (37 CFR 1.58(a)) on page(s) 2 6. Drawings or flow diagrams cannot be embedded in the specification and should be submitted separately in accordance with 37 CFR 1.84. (Both a substitute specification and substitute drawings are required).

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

Additional claim fees of \$43 as a small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is \$43 for a Small Entity

Total additional claim fee(s) for this application is \$43

■ \$43 for 1 independent claims over 3.

Replies should be mailed to:

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A copy of this notice MUST be returned with the reply.

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